REPORT OF THE AD HOC WORKING GROUP ON PHYSICIAN WORKFORCE CONDITIONS, SCIENTIFIC INTEGRITY, AND RESIDENT ORGANIZING IN THE POST-2020 POLICY ENVIRONMENT

Position Statement on the Dr. Mehmet Oz Event: Threats to Scientific Integrity and the Coercion of Resident Physicians

Executive Summary

The American medical profession is undergoing a structural realignment driven by three converging forces: the accelerating unionization of resident physicians [1]; the collapse of scientific and public-health norms in the United States due to the political capture of federal agencies [2]; and a widening gap between the priorities of organized medicine's legacy institutions and the lived reality of trainees. Medical students and residents now occupy the most precarious position in the physician workforce while simultaneously holding the greatest leverage to redirect the profession's trajectory.

The present moment is shaped by the consolidation of political power by the current Republican administration and the placement of high-profile COVID-19 contrarians—individuals whose pandemic-era claims were repeatedly discredited—into leadership roles within federal science and health agencies [3]. This shift has destabilized traditional assumptions about evidence-based governance, regulatory oversight, and the civic role of physicians. Meanwhile, the resident workforce—the backbone of the U.S. hospital system—faces unprecedented strain: declining inflation-adjusted wages, chronic understaffing, escalating retaliation risks, and high levels of burnout. Residents organizing through CIR/SEIU have secured major gains across the country [4], while the AMA has only recently adopted policies supportive of collective bargaining for residents.

This report outlines the structural dynamics shaping the profession, the interaction between political disinformation and medical licensure, the implications for trainees, and recommendations for coordinated action between CIR, medical students, and aligned professional bodies.

I. Background

For more than fifty years, the U.S. physician workforce has been tightly constrained by policy decisions designed to limit physician supply [5]. These include reliance on academic medical centres to control resident positions and the de facto cap on residency funding imposed by the

1997 Balanced Budget Act [6]. These decisions often relied on the belief that physician oversupply would reduce quality or compress income.

COVID-19 exposed the fragility of this system. Several U.S.-licensed physicians—including some with academic affiliations—used their credentials to oppose public-health measures and promote unproven treatments. Their claims were amplified by political networks and media ecosystems, contributing to public distrust and increased mortality [7].

Disciplinary action against these physicians was rare. State medical boards were slow or unwilling to intervene [8]. Meanwhile, prominent contrarian physicians consolidated political influence and now occupy key federal health leadership roles.

II. Recent Developments Affecting Trainees

Residents have responded to worsening conditions by organizing at an unprecedented rate. CIR/SEIU now represents tens of thousands of residents across major academic systems. Recent wins include wage increases, due-process rights, parental-leave expansions, and improved safety provisions [9].

Medical students increasingly view collective action as the only viable mechanism for improving training conditions. This generational shift is redefining the culture of medicine and the relationship between physicians and institutional authority.

The AMA, historically ambivalent toward physician unionization, adopted policy in 2024 recognizing the legitimacy of resident collective bargaining [10]. However, the AMA's primary legislative focus remains national scope-of-practice battles and physician payment reform, leaving trainees without a national body focused primarily on workplace safety, retaliation protections, or fair compensation.

III. Scientific Integrity Under Political Pressure

The integration of discredited COVID-19 contrarian physicians into federal leadership represents a fundamental change in the environment for scientific practice [11]. Their elevation undermines the authority of evidence-based institutions and generates a chilling effect for clinicians who advocate for scientific accuracy.

First, scientific norms can no longer be assumed to be protected at the federal level. Evidence generation and dissemination are subject to political loyalty rather than methodological rigor. Second, academic institutions face growing pressure to avoid conflict with federal actors who may influence funding, accreditation, or regulatory oversight.

Third, trainees who advocate for evidence-based care may face institutional retaliation, while physicians spreading disinformation face minimal consequences. This asymmetry distorts the professional environment and pushes trainees toward organized collective protection.

IV. Areas of Alignment and Conflict Between AMA Policy and Trainee Needs

While the AMA and resident unions share interest in scientific integrity and physician well-being, their priorities diverge significantly. Residents require safe staffing, fair compensation, due-process protections, and freedom from retaliation. The AMA has historically prioritized national legislative battles (such as scope-of-practice) over the day-to-day realities of residency training.

However, the rise of political interference in scientific institutions creates an emerging area of alignment: both trainees and segments of organized medicine recognize that defending evidence-based practice is essential to the profession's future.

V. Risk Assessment for Trainees in the Current Environment

Trainees now operate in a structurally unstable ecosystem shaped by political capture of federal science agencies [12], increasing right-wing disinformation targeting medicine [13], academic-center fragility, declining public trust, weak state board enforcement, and widespread vulnerability to employer retaliation.

These forces combine to create a historic level of risk for trainees, and senior leadership has not adequately communicated these stakes to medical students or residents.

VI. Recommendations for Residents, Students, and CIR Leadership

Residents must assert themselves as central actors in the profession's future. Recommendations include strengthening organizing capacity across academic centers, building communication channels independent of employer oversight, establishing reporting pathways for retaliation or scientific interference, coordinating with allied organizations (including the AMA when aligned), creating educational resources for medical students, increasing transparency around hospital finances, and developing a unified message affirming residents as essential defenders of scientific integrity.

Endnotes

1. CIR/SEIU national membership growth, 2021–2025; STAT News reporting.

2. Washington Post, ‘How COVID Contrarians Entered Federal Health Leadership,’ 2025.
3. New York Times and Science Magazine analyses of federal leadership turnover, 2024–2025.
4. CIR/SEIU contract gains at UC, UPenn, Mass General Brigham, 2022–2025.
5. COGME projections (1980–1999); AAMC workforce policy archives.
6. Congressional Research Service (CRS) Report on Medicare GME caps, 1997–2024.
7. ProPublica, ‘The Doctors Who Undermined COVID Response,’ 2022; BMJ analyses of excess mortality linked to disinformation.
8. FSMB public statements, 2021–2025; analysis of state board disciplinary data.
9. SEIU/CIR contract summaries from 2022–2025 bargaining cycles.
10. AMA YPS and HOD Actions, Policy D-405.001, 2024.
11. Science Magazine, ‘Erosion of Scientific Norms in Federal Agencies,’ 2025.
12. NYT and WaPo reporting on federal appointments, 2024–2025.
13. Center for Countering Digital Hate reports, 2021–2025.